



Parent Authorization

Camper's Name: _____

Age: _____ Camp Date: _____

Parent / Guardian Name: _____

Parent / Guardian Daytime Phone: (_____) _____ Alternate _____

Email: _____

Email may be used to send notification of upcoming camps and communication during camps.

ASTRO CAMP BEHAVIOR POLICY

The Astro Camp staff strives to ensure that **every** camper has a safe, fun and meaningful experience. Instances of unsafe behavior or misconduct, or failure to follow the directions of the staff, detract from this experience. Flagrant or repeated misbehavior will result in removal of a camper from the camp session. Upon removal from camp, readmission will be evaluated on a case by case basis, and only after a parent/staff conference.

PARENTAL AUTHORIZATION

News Release

As a camp participant, your child may have their photo and/or name included in our news releases or NASA website. By registering your child and completing this form, you acknowledge and authorize this action.

Camper Release

To assure the protection of Astro Camp participants, please provide the name and relationship of the individuals who have your permission to pick up your child. Your child will not be released without this permission. The camp supervisor/coordinator must be notified as soon as possible for early release. Forms will be provided during camp for parents' to place additional persons on the approved permission list for child pickup. By signing this, you acknowledge that your child will not be considered as delivered into the safekeeping of Astro Camp personnel, unless the child is delivered directly to personnel at the check in area on the second floor of Infinity.

Transportation to Events

Children will be transported to events at Stennis Space Center or Michoud Assembly Facility on NASA/Infinity tour busses. If a child becomes ill or injured, it may be necessary for personnel to transport the child to a nearby medical facility along with any medical information provided about the child. Parents will be notified, immediately, of any injury or illness. By signing this form you

acknowledge and authorize that under these circumstances, your child will be transported away from Infinity Science Center.

Name

Relationship to Child

Name

Relationship to Child

Alternate Authority to Sign Astro Camp documents:

Parent must list the name of those person(s), if any, who have the authority to add names to persons authorized to pick up their child during the week of Astro Camp.

Name

Relationship to Child

I hereby acknowledge and authorize all of the statements above.

SIGNATURE OF: _____ DATE: _____
PARENT / GUARDIAN